



**THERAPEUTIC RECREATION
Youth SUMMER DAY CAMP
REGISTRATION FORM**

Registration begins April 4th 2016

NO APPLICATIONS WILL BE ACCEPTED BEFORE THAT TIME!

Date: _____

Participant's Name: _____ Male or Female _____

Address/ City/ Zip: _____

Email address: _____

Parent /Guardians Name: _____

Participant's Phone: _____ Age _____ Date of Birth: _____

Primary Diagnosis: _____

Wheelchair Accommodations: ____ Yes Does participant require an aide/assistant: ____ Yes ____ No

**If yes, assistance must be provided by participant*

Aide Name: _____ Aide Email Address: _____

****Sign up for all 6 weeks or choose which weeks you prefer.***

*****If you are going to be on vacation or attending another camp for a week, please be considerate and do not sign up for that particular week. Partial week/individual days are not available.***

____ Summer Day Camp June 6th – July 15th (6 weeks).....\$75.00

____ Week 1 June 6-10 \$20.00

____ Week 2 June 13-17 \$20.00

____ Week 3 June 20-24 \$20.00

____ Week 4 June 27- July 1 \$20.00

____ Week 5 July 5-8 (closed on July 4th) \$20.00

____ Week 6 July 11-15 \$20.00

****This price includes most outings. The camper will need money occasionally.***

****This camp is active and days are filled with games, swimming, field trips, arts and crafts etc.***

****Camp applications will be on a first come first serve basis, Space is very limited. You will be notified of an accepted enrollment.***

Return with check or money order. Please make checks payable to Little Rock Parks and Recreation.

You will receive additional information as camp nears including assessment information, policies and procedures, camp schedule, and other pertinent information.

If you have any questions please contact Sherrie Shinn at 501-570-1131.

**Little Rock Parks and Recreation
Therapeutic Recreation Division
7201 Dahlia Drive
Little Rock, AR 72209
Phone: 501-570-1131 Fax: 501-570-1139**

